

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		180	2021 SF	10 100	
Fill in Reporting Period dates	: Beginning Date: 01	1/01/2021	Ending Date:	09/09/2021	k or Election Commission
Type of Report: (Check one) ⊠ 8th day preceding preliminary	☐ 8th day preceding election	☐ 30 day a	fter election	year-end report	dissolution
Candidate Full Na City Council Office Sough 81 Red Circle, Taunton, MA 02780 Residentia E-mail: dayefory Phone # (optional):	t and District	Denise Pa	Name of C Road, Taunton, MA Committe cteda	ommittee Name	m
	SUMMARY BALAN	INFOR	MATION:		
Line 1: Ending B	Line 1: Ending Balance from previous report			0.0	o
Line 2: Total rece	eipts this period (page 3, line 1	1)		3355.0	o
Line 3: Subtotal (line 1 plus line 2)			3555.0	0
Line 4: Total exp	enditures this period (page 5, l	line 14)		2817.1	7
Line 5: Ending B	alance (line 3 minus line 4)		- African - Afri	737.8	3
Line 6: Total in-k	ind contributions this period (page 6)]
Line 7: Total (all)	outstanding liabilities (page 7	7)]
Line 8: Name of b	pank(s) used: Rockland Trust, 27	75 New State Hy	vy, Raynham, MA 02	2767	
Affidavit of Committee Treasurer: I certify that I have examined this report include activity, including all contributions, loans, recinance activity of all persons acting under the Signed under the penalties of perjury: FOR CANDIDATE FILINGS ON Candidate with Committee	e authority or on behalf of this committee	in accordance with		ng period and represent	l campaign finance ts the campaign
I certify that I have examined this report activity, of all persons acting under the a incurred any liabilities nor made any exp					of all campaign finance ved any contributions,
Candidate without Committee I certify that I have examined this report finance activity, including contributions, campaign finance activity of all persons a	including attached schedules and it is, to t	the best of my know	ledge and belief, a true ar	nd complete statement	
Signed under the penalties of perjury:	9		(Candidate's signatu	Date: 9	19/9001

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
05/08/2021	Sherry Costa Hanlon 9 Madison Street Taunton, MA 02780	100.00		
05/14/2021	Jessica Daye 81 Red Circle Taunton,MA 02780	100.00		
05/14/2021	Ashan Fernando 39 Townley Dr Berkley, MA 02779	55.00		
05/17/2021	John Foley 12 Lewis St. PROVIDENCE, RI 02906	50.00		
05/26/2021	Jamie Kelley 208 Scadding St Taunton, MA 02780	100.00		
06/06/2021	Mathew Pfeil 15 Regency Place North Andover, MA 01845	200.00	Finance CEA Fresh Farms	
06/28/2021	Philip Boucher 1567 Middleboro Ave East Taunton, MA 02718	50.00		
06/29/2021	Natacha Beaudry 71 Brian Ave. Somerset, MA 02726	100.00		
06/30/2021	Aiden Scully 780 Whittenton St Taunton, MA 02780	100.00		
07/04/2021	Abimael Cruz 154 broadway Taunton, MA 02780	100.00		
07/12/2021	Haskell Kennedy P.O. Box 6045 New Bedford, MA 02742	200.00	Entrepreneur Self	
07/14/2021	Tamika Jacques 559 Ash Street Brockton, MA 02301	250.00	Director Fruitful Vision Enterprises	
ine 9: Total Rece	ipts over \$50 (or listed above)	1405.00		
Line 10: Total Receipts \$50 and under* (not listed above)		135.00		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	1540.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
07/24/2021	Kathleen Tourinho 12 King St Taunton, MA 02780	100.00	(More)
07/24/2021	Alison Rosa 34 Hodges Ave, Apt 2 Taunton, MA 02780	50.00	
07/24/2021	Desiree Gonzales 207 Winthrop Street Taunton, MA 02780	50.00	
07/24/2021	Philip Duarte 8 Trescott Street Taunton, MA 02780	50.00	
07/24/2021	Nancy Everidge 37 Briggs Street Taunton, MA 02780	50.00	
07/24/2021`	John Hanlon 9 Madison Street Taunton, MA 02780	100.00	
7/24/2021	Barry Sanders 25 Kilmer Street Taunton, MA	50.00	
07/24/2021	Janet Anderson 22 Garfield Street Taunton, MA 02780	50.00	
7/24/2021	Rochelle Silva 7 Berkley Street Taunton,MA 02780	100.00	
7/24/2021	Orlando Ocasio 144 School Street Taunton, MA 02780	100.00	
8/02/2021	Lisa Doherty 28 Field Street Taunton, MA 02780	50.00	
8/03/2021	Lisa Field PO box 414 Raynham, MA 02767	50.00	
8/10/2021	Cora Martin 18 Spring St apt 115 Taunton, MA 02780	50.00	
ine 9: Total Recei	ipts over \$50 (or listed above)	850.00	
Line 10: Total Receipts \$50 and under* (not listed above)		265.00	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	1115.00	- Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer	
	Sherry Costa Hanlon	Amount	(for contributions of \$200 or more)	
08/13/2021	9 Madison Street Taunton, MA 02780	100.00		
08/15/2021	Martin Diaz 63 Erin Road			
	East Taunton, MA 02718	100.00		
	Christian Lassiter		Attorney	
09/04/2021	311 Kerneway Baltimore, MD 21212	500.00		
ine 9: Total Recei	pts over \$50 (or listed above)	700.00		
ine 10: Total Receipts \$50 and under* (not listed above) 0.00		0.00		
ne 11: TOTAL R	RECEIPTS IN THE PERIOD	700.00	Enton on word 1 11 0	
	receipts of \$50 and under, include them in line			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	mmittee name and a page number of	Purpose of Expenditure	Amount
07/03/2021	UPrinting	8000 Haskell Ave, Van Nuys, CA 91406	Magnets	55.20
07/13/2021	PrintRunner	8000 Haskell Ave, Van Nuys, CA 91406	Step and repeat Banner	84.60
07/21/2021	Staples	600 S St W, Raynham, MA 02767	Poster Print	75.93
07/21/2021	Michaels	9 Mozzone Blvd Unit 100, Taunton, MA 02780	Decorations for Campaign Kickoff Event	92.67
07/21/2021	BellaRose Crafty Creations	110 North Walker Street Taunton, MA 02780	Custom Hangers for Event	120.00
07/21/2021	SignaRama	21 New State Hwy 44 Ste, Raynham, MA 02767	Lawnsigns	105.94
07/21/2021	Staples	600 S St W, Raynham, MA 02767	Postcards	71.44
07/24/2021	Trescott Gallery	8 Trescott Street Taunton, MA 02780	Event Place Rental	150.00
07/24/2021	FreshFit Meals	Abimael Cruz 154 broadway Taunton, MA 02780	Catering for Kickoff Event	600.00
08/09/2021	Standard Modern	186 Duchane Blvd New Bedford, MA 02740	Lawnsigns	638.27
08/09/2021	Standard Modern	186 Duchane Blvd New Bedford, MA 02740	186 Duchane Blvd New Bedford, MA 02740	515.31
		Line 12: Total Expenditures over	er \$50 (or listed above)	2509.42
		Line 13: Total Expenditures \$50	and under* (not listed above)	307.75
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	2817.17

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized